

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMPLOYEE/WITNESS STATEMENT FORM

In accordance with the DHHS Disciplinary Action Policy, “An employee’s refusal to cooperate in a reasonable, administrative investigation will be considered a personal conduct issue and may result in disciplinary action, including dismissal”.

**DIRECTIONS: DO NOT TYPE. MUST BE HANDWRITTEN BY EMPLOYEE.
PLEASE WRITE CLEARLY. FORM MUST CONTAIN AN
ORIGINAL SIGNATURE OF EMPLOYEE SUPPLYING
STATEMENT.**

EMPLOYEE NAME: _____

POSITION TITLE: _____

POSITION NUMBER: _____

WORK LOCATION: _____

STATEMENT: *(Use additional paper or back of form if necessary)*

Please list any witnesses or individuals who may have information relative to this investigation.

I understand this statement will be considered part of the official investigation and that I may be called on to testify or provide written or verbal clarifying statements. The statement I have provided is an accurate account of the case to the best of my knowledge.

Signature